Challenging vascular access for the left superficial femoral artery angioplasty in patient underwent the right to left femorofemoral bypass surgery for the left iliac artery occlusion

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Brief History
M/75
Claudication on the left leg (Rutherford class 3)
Risk factors: Hypertension, Diabetes
s/p Right femoro-popliteal and femoro-femoral bypass (11 years ago)

Endovascular Treatment
Endovascular access for the left SFA was problematic. The contralateral femoral approach was impossible because of the totally occluded left iliac arteries. Also, the ipsilateral antegrade femoral puncture seemed to be challenging to gain enough distance to the target lesion due to significantly narrowed proximal portion of the left SFA.

Under guidance of calcium shadow along the SFA on fluoroscopy, the distal SFA was punctured directly. After confirming the position of the needle tip inside the SFA lumen, a 0.014 inch wire was advanced from distal portion of the SFA to the proximal under CXI catheter (COOK Medical Inc., Bloomington, IN, USA) support without sheath. The left SFA was successfully opened after sequential dilatation with 3.0x80mm and 5.0x200 mm balloon catheters. Post-procedural ABI value was 0.79. He has been well without significant claudication for 4 years after the procedure.